Child and Family Ombudsman Request for Assistance:

Date of Request: Click here to enter a d	ate.					
Who are you?						
Last Name	F	irst Name		Mido	lle Initial	
Street Addre	ess			Apt. #		
					~ 1	
City		State	ete serecisis	Zij	Code	
Is your street address the same as your ma	iling add	ress?		□Yes	□No	
Is your street address the same as your mailing address? If no, please provide mailing address to receive mail:						
ir no, piease provide maning address to re-	corve ina					
Street Addre	200				Apt.#	
Sheet Addre	233			1	ipt.ii	
City		State		Zii	Code	
Primary Phone	Home/V	Work/Cell	Okav	to leave a message?	□Yes	□No
Secondary Phone	Home/V	Work/Cell		to leave a message?	□Yes	□No
Email Address				y to send an email?	□Yes	□No
Zindii i kaaress						
How do you know about this child or	r family	?		1 1 N 104 1 100	an endantes Carrielles per	
□Child's Parent		□Child				•
□Child's Legal Guardian		□License	ed Par	ent		
☐Child's Grandparent	☐Community J		Professional or Service	e Provide	r	
☐Other Relative	☐ Teacher or Se		chool Employee			
Specify		Specify				
Ch:11'- A#		□ррцц	C Emn	lovos		
□ Child's Attorney				•		
☐ Parent's Attorney	☐ Attorney Gen☐ County Attor					
Office of the Public Defender				ney		
Other Attorney		Specify	UAL			
Specify		Specify				
☐ Law Enforcement Professional		□Other l	Relatio	onship		
Specify		Specify				
Out and I I of a mark and						
Optional Information:						
☐ African American ☐ American Indian or Alaska Native	Primary Language:					
☐ Asian American	Are vo	ou hearing i	impair	ed?	es or [] No
□ Native Hawaiian Pacific Islander	Are you vision impaired					
Hispanic			npaire	u: LJ:	es or	1 INO
□Caucasian	Do you require interpre translation services?		tation or		7	
☐ Multi-racial			☐Yes or ☐ No			
□Other:	Mandadon ber 11000					

To report suspected child abuse or neglect, call 911 or the Child Abuse Hotline 1-866-820-5437.

Montana Department of Justice Children's Justice Bureau Child and Family Ombudsman Office

Who is the child? (If more than one for each child on additional pages)	child please pro	vide name/age/birth d	ate and gender		
Legal Last Name	Legal First Nam	e Mi	Middle Initial		
Logar Dast I vario	248		☐Male or ☐Female		
Age Dat	e of Birth (month/da	ay/year)	Sex		
Who is the responsible adult where	the child lives no	w?			
Last Name	First Name	Relatio	Relationship to Child		
Current Street Ad	dress	2	Apt. #		
City	State	Z	ip Code		
Primary Phone	Home/Work/Cell	Okay to leave a messag			
Secondary Phone	Home/Work/Cell	Okay to leave a messag	e? □Yes □No		
Email Address		er en en skrive partiklije en en stelle skrive kommet i vers en stelle			
	1 2 Page 2 Control Section 19 Co	The Company of the Co	er de la propieta de la companya de Na companya de la co		
Does the child have an attorney?	☐ Ye				
If Yes, attorney's name if available:		Phon	e:		
		да (1915) Да			
Does the child have a Court Appointed		☐ Yes or ☐ No	or 🗆 Don't Know		
(CASA) or a Guardian ad litem (GAL)	?				
If Yes, CASA/GAL's name if available:		Phon	e:		
Child's Optional Information:					
☐ African American	Primary Language:				
☐ American Indian or Alaska Native		' ' 10			
☐ Asian American	Is the child's heari	ng impaired?	□Yes or □ No		
☐ Native Hawaiian Pacific Islander ☐ Hispanic	Is the child's visio	☐Yes or ☐ No			
☐ Caucasian					
☐ Multi-racial	Does the child require interpretation or translation services? □ Yes or □ No		\square Yes or \square No		
□Other					
If there is more than one child in the family, please include the above information on each child on					
an attached piece of paper.					

Who is the child's mother?			A Company of the Comp		
Last Name	First Name	Mid	Middle Initial		
Street Address		1	Apt. #		
City	State	Zi	p Code		
Primary Phone	Home/Work/Cell Ol	kay to leave a message?	□Yes □No		
Secondary Phone		kay to leave a message?	□Yes □No		
Email Address		kay to send an email?	□Yes □No		
Linaii 7 dai ess		Ray to some an eman.			
Does the mother have an attorney?	☐ Yes or ☐ No or	☐ Don't Know			
If Yes, attorney's name if available:		Phone:			
Mother's Optional Information:					
☐ African American	Primary Language:				
☐ American Indian or Alaska Native	- Timury Lunguage.				
☐ Asian American	Is the mother hearing in	mpaired?	es or \square No		
□ Native Hawaiian Pacific Islander	Is the mother vision im	noired?	es or □ No		
Hispanic	is the mother vision mi	paneu:	es of \square ivo		
Caucasian	Does the mother require	e interpretation or			
☐ Multi-racial ☐ Other:	translation services?	Y	es or □ No		
Who is the child's father? Last Name	First Name	Mid	dle Initial		
Street Address		1	Apt. #		
City	State	Zi	p Code		
Primary Phone	Home/Work/Cell Ol	kay to leave a message?	□Yes □No		
Secondary Phone		kay to leave a message?	□Yes □No		
Email Address	Ol	kay to send an email?	□Yes □No		
D. A. Calandara and A.	□ Ves er □ Ne er	☐ Don't Know			
Does the father have an attorney?	☐ Yes or ☐ No or	Phone:	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT		
If Yes, attorney's name if available:	We are a comment of the first of the comment of the	Phone.			
Father's Optional Information:			The second secon		
☐ African American	Primary Language:				
☐ American Indian or Alaska Native	Is the father hearing im	es or □ No			
☐ Asian American ☐ Native Hawaiian Pacific Islander					
☐ Hispanic	Is the father vision imp	paired?	Yes or □ No		
☐ Caucasian	Danish Citizen	intomonatation			
□ Multi-racial	Does the father require translation services?	interpretation or	es or □ No		
Other	dansiation services?				

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Who is the family's Child Protection Specialist?	en e	
Name	County	Phone Number
Please describe your reason for requesting Ombinformation as you can. What happened? When and contact information of other people you thin	, where, and who? Also	, include names
Help us understand how the Ombudsman can as paper as needed to explain and give us any paper your concern:	sist you. Please use add work you think will hel	itional sheets of p us understand
Please tell us everything you have already done a For example: Have you contacted the Child Prolocal supervisor? Have you contacted the Region of anyone you have already contacted and tell us	tection Specialist? Have al Administrator? Plea	e you contacted the use give the name
What would you like to see happen for this child from the Ombudsman?	or family? What help to	you hope to have
How did you hear about the Ombudsman Office	?	
□ DPHHS Employee □ Friend □ Family Member □ CASA/GAL □ Attorney General's Office □ Community Professional or Service Provider Specify □ Teacher or School Employee	☐ Media (TV or radio) ☐ Internet ☐ Directory Assistance or F ☐ CASA/GAL ☐ Conference, Training, or Specify ☐ Other Specify	
Specify		
If you have questions about filling out this form or we the Ombudsman office at 1-844-252-4453 (1-844-250 dojombudsman@mt.gov.	ould like help filling out the HILD) or email the Omb	ne form, please call ndsman at